Website: kbn.ky.gov

Kentucky Board of Nursing 312 Whittington Pky, Suite 300 Louisville, KY 40222-5172

Instructions for the Universal Licensure Application

Phone: 800-305-2042 or 502-429-3300

– General Informatio	n ———	
☐ Licensure fees and regulato	ry requirements are subject to ch	ange.
☐ Application fees are NON-R	EFUNDABLE:	
☐ Examination - \$110	☐ Endorsement - \$150	☐ Reinstatement - \$120
the application for licensure. 1. Social security card, 2. Marriage license, OR	s) is required if the name on any Acceptable validations include a ee showing the right to a name chang	
	BN within 30 days of any name ch BN within 30 days of an address o	hange. change. The notification must include:
•	,	additional information about the method of application):
Method of Application	Complete These Sections	<u>Submit</u>
Examination Endorsement Reinstatement	1, 2, 3, 4, 5, 6, 7, 8, 12 1, 2, 3, 4, 5, 6, 7, 10, 12 1, 2, 3, 5, 6, 7, 9, 12	Kentucky Criminal Background Request Form Either NurSys Form or Attachment 2 Attachment 1 (If Applicable)
_ Soction 1: Riggran	hical Data	
 Section 1: Biograp □ All information must be prov 		
All information must be prov	<u> </u>	
- Section 2: Type a	nd Method of Applica	ation —
9,	e to indicate whether you are app	
☐ Mark the appropriate metho	d of application:	
☐ Examination : You will	be taking the NCLEX examination	n.
	d/held a nursing license in anothe	
	_	and you want an active Kentucky license.
Kemstatement. Tour r	entucky nursing licerise lapseu, a	and you want an active Remucky license.
 □ Select your permanent state □ Evidence of primary resident 1. Voter registration 2. Driver's license 3. Federal income tax return □ If you are not currently pract 	e of residence and all jurisdictions ace includes:	select only your permanent state of residence.
- Section 1. Nursing	r Education ———	
 Section 4: Nursing □ List your initial program of r 	•	plication.
☐ List your <i>initial</i> program of r	nursing that is the basis of this ap	plication.
☐ List your <i>initial</i> program of r	nursing that is the basis of this applated and select program type.	plication.

 Section 5: Disciplinary
, ,
 ☐ All questions must be answered. ☐ If you have never held a nursing license and the question is not applicable, answer "NO."
☐ Failure to report any action pending or disciplinary action EVER taken on a nursing license may subject you to
disciplinary action.
☐ Failure to report participation in an alternative to discipline/diversion program may subject you to disciplinary action.
— Section 6: Criminal History ————————————————————————————————————
☐ All questions must be answered.
☐ If you answered " YES " to any question(s), allow 3 months for all information to be reviewed by KBN.
☐ Failure to report any criminal convictions EVER received may subject you to disciplinary action.
- Section 7: Employed in Kentucky as a LPN or RN
DO NOT complete this section if you are employed in Kentucky in a non-nursing position.
— Be Not complete this section if you are employed in Nontracky in a non-riaroning position.
 Section 8: Application for Licensure by Examination
☐ #1. A new Application for Licensure and fee are required each time you take the National Council Licensure Examination (NCLEX).
#2. The application is valid for one year from the date received at KBN or until you take NCLEX.
□ #3. CRIMINAL HISTORY REPORT:
 The ONLY acceptable criminal history report is one issued by the Administrative Office of the Court (AOC).
igsqc 2. You must put your social security number on the report and submit it with your application to KBN.
☐ 3. The criminal history report is valid for 6 months.
☐ #4. EVIDENCE OF GRADUATION:
 1. As a graduate of a Kentucky nursing program, your school must submit your name on a Certified List of Graduates.
□ 2. As a graduate of an out-of-state nursing program, you must request your program of nursing to send KBN either:
a. An official transcript, with the degree and date posted, OR
b. Your name on the Out-of-State Program of Nursing Graduates Certified List.
☐ #5. HIV/AIDS EDUCATION REQUIREMENT:
☐ 1. Two hours of KBN approved HIV/AIDS education are required.
☐ 2. If you graduated from a Kentucky nursing program, you met this requirement in your prelicensure program.
☐ 3. If you graduated from an out-of-state nursing program, you must meet this requirement within 6 months of
the date your Kentucky nursing license is issued.
4. Additional information is available at http://kbn.ky.gov/education/ce/cecourses.htm.
□ #6. REGISTRATION FOR THE NCLEX:
 1. Contact Pearson/VUE (www.pearsonvue.com/nclex) for questions regarding the registration process, the authorization to test (ATT), and/or the NCLEX examination.
 2. Failure to provide your SSN and the month and year of anticipated graduation from your nursing program will delay your eligibility to test.
□ #7. METHODS OF REGISTRATION FOR THE NCLEX:
1. Candidate Website: At www.pearsonvue.com/nclex, select "Create a web account and register for an NCLEX examination."
 If you provide a valid email address, you should receive your confirmation of registration from Pearson/VUE within 48 hours.
☐ 2. Telephone: Contact NCLEX Candidate Services at 1-866-499-2539.
 If you register by telephone and provide a valid email address, you should receive your confirmation of registration from Pearson/VUE within 48 hours.

Sect	ion 8: Application for Licensure by Examination (Continued) ———
□ #7.	METHODS OF REGISTRATION FOR THE NCLEX:
(Cont.)	☐ 3. Regular Mail to NCLEX Operations:
	 Mail the NCLEX Examination Registration Form and a certified check, cashier's check, or money order made payable to the National Council of State Boards of Nursing.
	 If you register by regular mail, it may take up to 6 weeks to receive your confirmation of registration from Pearson/VUE.
	4. Additional information on eligibility, the ATT, and the clinical internship is available at http://kbn.ky.gov/license/exam.htm.
□ #8.	PROVISIONAL LICENSE (PL):
	1. A provisional license may be issued within 14 days of receipt of the following:a. A completed Application for Licensure.
	☐ b. Licensure processing fee.
	☐ c. Criminal History Report (Courtnet).
	☐ d. Evidence of completion of a program of nursing.
	☐ 2. A provisional license is valid for 6 months from the date of issue.
	3. You may continue to practice as a RNA/LPNA until:a. You are issued a permanent nursing license,
	□ b. The provisional license expires, OR
	CLINICAL INTERNISHID (CI):
□ #9.	 CLINICAL INTERNSHIP (CI): 1. All new graduates must complete a clinical internship of 120 hours of supervised nursing practice that involves any component of direct patient care.
	 The clinical internship must be completed prior to the expiration date of the provisional license.
	The RNA* must work under the direct supervision of a registered nurse, and the LPNA* must work
	under the direct supervision of a nurse.
	4. Neither the RNA nor LPNA may engage in independent nursing practice.
	 * RNA - Registered Nurse Applicant * LPNA - Licensed Practical Nurse Applicant
□ #10.	VERIFICATION OF COMPLETION OF THE CLINICAL INTERNSHIP (VOC):
	□ 1. The Verification of Completion of the Clinical Internship (VOC) form will be mailed with your provisional license.
	2. The VOC form must be completed and signed by both the RNA/LPNA and a supervising nurse.
	□ 3. After KBN receives the VOC form, and IF you have registered with Pearson/VUE for NCLEX, you may be made eligible to test.
□ #11.	AUTHORIZATION TO TEST (ATT):
	□ 1. After KBN makes you eligible to test, Pearson/VUE will send your ATT to your valid email address within 48 hours or to your postal address within 14 days.
	☐ 2. It is recommended that you register with Pearson/VUE prior to the completion of your clinical internship.
□ #12.	UNSUCCESSFUL NCLEX EXAM:
	□ 1. Upon notification that you were unsuccessful on NCLEX, your provisional license and ATT are null and void.
	☐ 2. You may not work in a licensed position.
	☐ 3. Practicing without a provisional license or a Kentucky nursing license may subject you to disciplinary action.
	 4. You may re-register and pay the fee with Pearson/VUE at any time, and re-test after 45 days. 5. You may reapply to KBN and pay the fee at any time.
	☐ 6. A criminal history report (Courtnet) is valid for 6 months.
□ #13.	PERMANENT KENTUCKY NURSING LICENSE:
□ #13.	☐ Your permanent nursing license will be issued within 14 days of KBN receiving validation that you passed NCLEX.

- Section 8: Application for Licensure by Examination (Continued) $$
□ #14. ROLE DELINEATION COURSE:
☐ 1. Requirements for a graduate of a RN program of nursing to take NCLEX-PN include:
a. Evidence of completion of a role delineation course.
☐ b. A completed application and fee for LPN licensure.
☐ c. A current criminal history report.
d. Registration with Pearson/VUE for NCLEX-PN.
e. Evidence of completion of 120 hours of a clinical internship as a LPNA.
2. You may continue to take NCLEX-RN.
□ #15. DOMESTIC VIOLENCE CONTINUING EDUCATION REQUIREMENT:
 Three hours of approved domestic violence continuing education are required within 3 years of the date your Kentucky nursing license is issued.
 If you graduated from a Kentucky nursing program after May 1, 1998, this requirement was included in your school's curriculum.
3. Additional information is available at http://kbn.ky.gov/education/ce/cecourses.htm.
 Section 9: Application for Licensure by Reinstatement
☐ 1. The application is valid for one year from the date received at KBN.
☐ 2. All applicants are required to provide proof of earning 3 hours of KBN approved domestic violence continuing education.
◆ A list of approved courses is available at http://kbn.ky.gov/education/ce/cecourses.htm.
☐ 3. COMPETENCY VALIDATION: Choose ONE of the following methods that you wish to use to validate competency.
☐ #1. 500 hours of employment as a nurse within 5 years of the date your application is received at KBN:
☐ a. Include a copy of an active nursing license.
□ b. Complete the top portion of Attachment 1 and send it to the employer for validation that you practiced 500 hours as a nurse.
☐ c. Have the employer mail or fax the completed form to KBN.
☐ #2. Continuing Education:
☐ a. If your Kentucky license lapsed within the past 5 years, contact the reinstatement licensure specialist for information regarding the CE earnings that must be submitted.
☐ b. Continuing education earned more than 5 years preceding the date your application is received at KBN will not be accepted.
#3. If you have not practiced as a nurse 500 hours within 5 years of the date your application is received at KBN, you may submit EITHER:
 a. Refresher Course: Evidence of completing an approved refresher course within 2 years of the date your application is received at KBN. OR
□ b. 120 Continuing Education Hours: Evidence of earning 120 KBN approved continuing education hours within 1 year of the date your application was received at KBN.
#4. A permanent Kentucky nursing license will be issued within 14 days of receipt of all requirements listed above.
 Section 10: Application for Licensure by Endorsement
☐ 1. The application is valid for 6 months from the date received at KBN.
 If you fail to complete all requirements within the 6-month period, you must submit another application, fingerprint card, and pay the fees.
☐ 3. You are required to provide the following:

- Sect	ion 10): Ar	oplication for Licensure by Endorsement (Continued) ———
(Cont.)		•	ERPRINT CARD:
		□ a.	You must complete a fingerprint card issued by KBN.
			Complete the biographical data on the fingerprint card and take the card to any law
			enforcement agency in any state for the fingerprinting process.
		_	Return the completed card to KBN with the \$24 processing fee.
		_	It may take 4-8 weeks for KBN to receive a report from the FBI.
	□ #2		Additional information is available at http://kbn.ky.gov/license/endorse.htm . ISCRIPTS:
	— <i>"</i> 2.		Official transcripts are required of all applicants.
		☐ b.	Official transcripts with degree and date posted must be sent directly from the program of nursing to KBN.
	□ #3	COME	PETENCY VALIDATION:
	— πσ.		rses LICENSED GREATER THAN ONE YEAR, select one of the following:
			Being licensed within the past 5 years, OR
			Employment as a nurse for 500 hours within the past 5 years, OR
			Employment as a nurse for at least 100 hours within the past 5 years [contact KBN licensure
		□ 0.	specialist for CE(s) requirements], OR
		If you h	nave not met one of the above validations of competency, you must provide proof of EITHER :
		□ a.	Refresher Course: Evidence of completing an approved refresher course within 2 years of the date your application is received at KBN.
			OR
		□ b.	120 Continuing Education Hours: Evidence of earning 120 KBN approved continuing education hours within 1 year of the date your application was received at KBN.
	F	or nurse	es LICENSED LESS THAN ONE YEAR:
		□ а.	An applicant who has not practiced as a RN/LPN in another state or territory for at least 120 hours within the first year following graduation from a program of nursing must complete a clinical internship.
		□ b.	 A provisional license may be issued within 14 days of receipt of the following: A completed Application for Licensure and the fee. A completed fingerprint card and the fee.
			An official transcript with degree and date posted.
		□ c.	The clinical internship must be completed prior to the expiration date of the provisional license.
		⊔ d.	The Verification of Completion of the Clinical Internship Form (VOC) will be mailed with your provisional license.
		_	The VOC form must be completed and signed by both the RNA/LPNA and a supervising nurse and returned to KBN.
		☐ f.	You may continue to practice as a RNA/LPNA until:
			 You are issued a permanent nursing license, The provisional license expires, OR
			The provisional license expires, OR You are unsuccessful on NCLEX.
		□ g.	Practicing in Kentucky without a provisional license, temporary work permit, or Kentucky nursing license may subject you to disciplinary action by KBN.
	□ #4.	HIV/A	AIDS CONTINUING EDUCATION:
		□ a.	It is your responsibility to submit proof of earning 2 hours of KBN approved HIV/AIDS continuing education.
		□ b.	This CE may not be earned more than 2 years prior to the date the application is received at KBN.
		Пс	A list of approved courses is available at http://khp.kv.gov/education/ce/cecourses.htm

_ '	Section 10: Application for Licensure by Endorsement (Continued) ———
•	#5. VERIFICATION OF ORIGINAL LICENSURE:
	☐ a. If your state of original licensure is listed on the NurSys Form, you must either:
	 Complete the top portion of the form and send to the address as directed, OR Go to https://www.nursys.com/includes/processing?PSPartState/asp.
	□ b. If your state of original licensure is NOT listed on the NurSys form:
	• Complete the top portion of Attachment 2.
	 Send the form to your state of original licensure. Contact the Board of Nursing in your original state of licensure for fee requirements.
	☐ #6. TEMPORARY WORK PERMIT (TWP):
	☐ a. A TWP may be issued within 14 days of receipt of the following:
	 A completed Application for Licensure and the fee. A completed fingerprint card and the fee.
	 An official transcript with degree and date posted. Competency validation (if applicable).
	☐ b. The TWP is valid for 6 months from the date issued and will not be extended.
	☐ c. If all requirements for licensure are not met before the TWP expires, you must:
	 Reapply and pay the fee. Submit a new fingerprint card and the fee.
	d. Practicing without a valid TWP, provisional license, or a Kentucky nursing license may subject
	you to disciplinary action by KBN. □ #7. PERMANENT KENTUCKY LICENSE:
	☐ a. If you were issued a TWP, a permanent license will be issued upon receipt of:
	 Verification of original licensure. Proof of earning 2 hours of KBN approved HIV/AIDS continuing education.
	• Report from the FBI.
	 b. If you were issued a PL, a permanent license will be issued upon receipt of: Verification of completion of the clinical internship (VOC).
	 Verification of original licensure. Proof of earning 2 hours of KBN approved HIV/AIDS continuing education.
	• Report from the FBI.
	 c. It is your responsibility to assure that all documents have been received by KBN BEFORE the application for licensure expires.
	☐ #8. DOMESTIC VIOLENCE CE:
	 a. Proof of earning 3 hours of KBN approved domestic violence continuing education must be earned within 3 years of the date you are issued a Kentucky nursing license.
	□ b. DO NOT SUBMIT PROOF OF EARNING THE DOMESTIC VIOLENCE CE UNLESS REQUESTED TO DO SO.
	☐ c. A list of approved courses is available at http://kbn.ky.gov/education/ce/cecourses.htm.
_ :	Section 11: Responsibility & Accountability of Kentucky Licensed Nurses
	All Kentucky nursing laws and regulations is available at http://kbn.ky.gov/laws.htm.

Kentucky Board of Nursing 312 Whittington Pky, Suite 300 Louisville, KY 40222-5172

502-429-3300 or 800-305-2042

APPLICATION FOR LICENSURE

_	Office Use Only	
	Office Ode Offing	
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Print clearly using capital letters and black ink. Refer to instruction sheet before completing this application.

APPLICATION FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE

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Section 4: Nursing Education ————————————————————————————————————
List the name of the program of nursing that is the basis for this application:
City State Country (If Not U.S.A.)
M d O V C C L L L L T C N C L D C C C C C C C C C C C C C C C C C
Month & Year Graduated Type Nursing Program:
- List Type
Additional Education: (Attach resume on a separate sheet if additional space is needed)
School Name OFFICE USE
City State
Month & Year Graduated
Degree Earned:
If your nursing education was received outside of the U.S.A., you must obtain a VisaScreen Certificate. See the instructions
for additional information.
- Section 5: Disciplinary
• •
If you answer "yes" to any of these questions, your application will not be processed until the following documents are received:
1. Submit a detailed letter of explanation for each action taken. 2. Attach a certified copy of the Board's action.
Darken the appropriate circle and print in the boxes provided below. If yes, list STATE and YEAR If yes, list STATE and YEAR
Have you ever been denied a nursing license? Yes No D - D - D - D - D - D - D - D - D - D
(For reasons other than failure to pass State Board Exam/NCLEX)
Have you ever had any disciplinary action on your nursing license or your privilege to practice nursing in any state(s)? Yes No
Do you have disciplinary action or a complaint pending on your nursing license or your privilege to practice in any state(s)? Yes No
Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program?
- Section 6: Criminal History —
Your application will not be processed until you You must REPORT: Your application will not be processed until you SUBMIT the required documents listed below.
1. All felony convictions ever received
2. All misdemeanor(s) received within 5 years of the date of application Certified Court Documents & Detailed Letter of Explanation
3. All DUIs Certified Court Documents & Detailed Letter of Explanation
4. All misdemeanor(s) received prior to 5 years of the date of application No Documents Required
Note: Traffic violations OTHER than DUIs do not need to be reported.
If yes, list STATE and YEAR If yes, list STATE and YEAR Hove you ever been convicted of a mindomeoner(c)? Yes No
Have you ever been convicted of a misdemeanor(s)? Yes () No ()
Type of conviction:
Have you ever been convicted of a felony(s)? Yes No No If yes, list STATE and YEAR If yes, list STATE and YEAR If yes, list STATE and YEAR
Since you last applied for or were issued a Kentucky nursing license, have you had any misdemeanors or felonies? Yes O No O

Section 7: Answer ONLY if you are Employed in KY as a RN or LPN
Date of Kentucky Employment:
City Employer'sTelephone #
Section 8: Application for Licensure by Examination (Valid for One Year)
All examination applicants are required to complete a 120 hour clinical internship after receiving a provisional license. You must register with the NCLEX test service before you will be made eligible to test. A criminal history report obtained from the Administrative Offices of the Court must be submitted with this application. See the instruction sheet for any additional information.
PROVISIONAL LICENSE: A provisional license will be issued within 14 business days of receipt of all the following:
 Completed application to KBN for licensure. Criminal History Report. Evidence of completion of a program of nursing.
Have you previously had a provisional license issued by KBN? Yes O No O If yes, was it for: RN O LPN O
See the instruction sheet for additional information on receiving an Authorization to Test (ATT).
RETAKING NCLEX:
Have you previously taken NCLEX? Yes O If yes, was it for: RN O In what state(s)?
No C LPN In what state(s)?
If you were unsuccessful on NCLEX, you must:
 Reapply to KBN: Application for licensure, fee, and current criminal history report. Re-register with Pearson/VUE (NCLEX) and pay the required fee. See instruction sheet for additional information on eligibility for NCLEX and Clinical Internship.
ROLE DELINEATION COURSE:
Graduates from a RN program of nursing may sit for NCLEX-LPN after they:
 Are unsuccessful on NCLEX-RN, and Submit evidence of completion of a role delineation course, and
3. Submit an application for licensure.
If applicable, list the name of the LPN role delineation course you completed:
School Name Date Completed
Graduates from an out-of-state program of nursing (PON) must submit:
1. An official transcript, OR the PON must submit a certified list.
 Evidence of completing 2 hours of CHS approved HIV/AIDS continuing education within 6 months of the date a Kentucky nursing license is issued. Signing this application constitutes an agreement that such evidence will be submitted. Failure to do so will result in disciplinary action.
- Section 9: Application for Licensure by Reinstatement (Valid for One Year)
Select ONE of the following:
I have practiced 500 hours within the past 5 years as a nurse in another state.
You must submit:
 Verification of employment (Attachment 1); AND A copy of an active nursing license from that state at the time of employment; AND
 Proof of earning 3 contact hours of KBN approved domestic violence continuing education.
I have NOT practiced 500 hours within the past 5 years as a nurse. You must submit:
 Proof of earning 120 KBN approved continuing education hours, earned within 1 year of the date of application; OR
 Proof of completing a KBN approved refresher course, earned within 2 years of the date of application; AND Proof of earning 3 contact hours of KBN approved domestic violence continuing education.
My Kentucky nursing license lapsed within the past 5 years. Contact the reinstatement licensure specialist for specific requirements.

— Section 10: Application for Licensure by Endorsement - Valid for 6 Months ————————————————————————————————————
State & Year of Original Licensure as RN State & Year of Original Licensure as LPN
Refer to the instruction sheet for additional requirements if your nursing education was not received in a U.S. jurisdiction.
Select ONE of the following:
I have been licensed less than 5 years.
I have practiced 500 hours within the last 5 years.
I have not practiced 500 hours in the last 5 years but have been licensed in another state longer than 5 years. Contact KBN for requirements.
Applicants for endorsement must submit:
1. A fingerprint card issued by KBN (and additional \$24 processing fee).
2. Verification of original licensure. NurSys Form or Attachment 2
3. Evidence of having earned 2 contact hours of KBN approved HIV/AIDS education. Contact hours must not be earned more than 2 years prior to date of application.
4. An official transcript (see the instruction sheet for additional information).
Provide the following information regarding your last two employers:
Name of Employer 1
Contact Person
City State Zip
Telephone #
Length of Employment
Name of Employer 2
Contact 1 crash
City State Zip
Telephone #
Length of Employment
New Graduates Only: A provisional license will be issued within 14 business days of receipt of 1 and 4 above. See instructions for additional information.
I have practiced 120 hours in the same licensure type for which I am applying. Yes () No ()
- Section 11: Responsibility and Accountability of Kentucky Licensed Nurses
KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions
that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.
Section 12: Attestation Statement
I certify that I am the person referred to in the foregoing application for licensure in Kentucky; that I am not in default of a student loan administered
by the Kentucky Higher Education Assistance Authority (KHEAA), that I am not delinquent in the repayment of a defaulted Nursing Incentive
Scholarship Fund award administered by KBN, that all statements contained herein and on all attachments are true and correct in every respect; and that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is
subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action. I declare my
primary state of residence to be the state as indicated in Section 3 of this application.
Applicant's Signature ————————————————————————————————————
— Office Use Only ————————————————————————————————————
HIV/AIDS in PON: 2/2006



Kentucky Board of Nursing 312 Whittington Pky, Suite 300 Louisville, KY 40222-5172

Phone: 502-429-3300 or 800-305-2042 Fax: 502-429-3311

VERIFICATION OF LICENSURE

ATTACHMENT 2

Complete this form only if you are endorsing a nursing license from another state.

- To the Applicant
Complete this section and send to the Board of Nursing in the state where you received your original license. Contact your original state of licensure for fee requirements.
NOTE: Be sure to check the states listed on the NurSys Form to
determine if you should complete this attachment or the NurSys Form. LICENSED PRACTICAL NURSE
Last Name:
First Name:
Middle Name:
Middle Name: Maiden Name:
Street:
City: State: Zip:
Social Security #: License #: Date of Birth:
Social Security #. License #. Date of Birth.
To Be Completed by the Board of Nursing in the State of Original Licensure
O By Endergement O By Every Delta
Licensed in the State of: By Endorsement By Examination Month Year
License Type Issued: RN LPN Date of Original License:
Name of Nursing Program (PON):
City of PON: State of PON:
Type of Program: O Vocational RN Diploma ADN/AAS BSN Masters Other
Date of Completion: Month Year Is/Was this an approved program? Yes No
Has this license ever been revoked, suspended, restricted, limited, probated, or otherwise disciplined? Yes No If yes, attach a copy of any order by the Board.
Is there any action pending on this license or privilege to practice? Yes No If yes, submit a certified copy of the Board's action.
Is or has this licensee ever been a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program? Yes No
Did this individual take and pass either the State Board Test Pool Examination (SBTPE) or the National Council Licensure Examination (NCLEX)? Yes Series #: No If no, please explain
I certify that the above information accurately represents the information on file with the Board.
Signed and the Board seal affixed on this date:
Signature
Title 6/2006

APPROVED PROVIDERS OF HIV/AIDS CONTINUING EDUCATION WEBSITES

CME Resource

1-800-232-4238

www.netce.com

National Center of Continuing Education

1-800-824-1254

www.nursece.com

Nursing Spectrum

1-800-866-0919

www.nursingspectrum.com

Nursing Education of America

1-800-234-8706

www.nursingeducation.org

University of Kentucky College of Nursing

www.ceprofessor.uky.edu

Western Schools

1-800-438-8888

www.westernschools.com